



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

her forty or fifty beds varying not one-fourth of an inch in the arrangement of their spreads. Not knowing how much she is missing, she really is not so much in need of pity as the superintendent, who suffers for her in her unknown privations. As a friend of small hospitals remarked in the October issue of the JOURNAL, she is generally all things to all people,—superintendent of hospital and school, housekeeper and cashier, buyer and collector, sometimes filling two or three posts, sometimes all, the bearer of all burdens, the adjuster of all wrongs, often inadequately paid. Why does she not return to the flesh-pots of private duty with the responsibility of but one patient to disturb her? What could make her continue such up-hill work but the fact that she sees good results from her labor? With the assistance of the Associated Alumnae I feel that much may be done. The small schools cannot be crushed out, for in many parts of the country they fill a great want. The medical profession and the public will uphold them, and since we have decided to accept them, cannot we go still farther and help in their higher education,—encourage representation at our association meetings, imbue them with a desire for further knowledge, teach them that their education has but just begun, establish a uniform course of training, require that the superintendent be a pupil from a recognized school and a member of her alumnae association, and offer greater opportunities for post-graduate work? If work upon something of these lines could be accomplished, we should feel that the improvement in the standard of the small schools was one of the glories of the Associated Alumnae.

A GUILD SETTLEMENT FOR VISITING NURSES

By MARGARET PEARSON

Associate Member of the Orange (N. J.) Branch

OF the many social and philanthropic movements which came into existence in the latter part of the nineteenth century, and have since become vital forces in the economic life of to-day, perhaps none has received more thoughtful recognition than the so-called "settlement movement." Side by side with this social and altruistic movement, in no way affiliating with it but developing with like rapidity, appeared a new profession for women—the profession of trained nursing.

Thirty years ago in the Universities of Oxford and Cambridge groups of students were stirred by the enthusiasm of such men as Thomas Hughes, Charles Kingsley, Ruskin, Denison, and Toynbee with

* Read at the Annual Council in Philadelphia.

a longing to share the wealth of happiness, beauty, and culture of their university life with the lives of those who dwelt in the squalor and monotony of East London. About the same time, in another part of the same great city, a woman, moved to unutterable pity by the sufferings of the neglected sick, was working out another great problem in the wards of St. Thomas's Hospital.

The seeds sown by John Ruskin and Florence Nightingale have matured during the past forty-odd years, and to-day on every side we behold an abundant harvest. Side by side have these movements progressed, and now with the birth of a new century comes an affiliation of the one with the other. To-day I ask you, has this guild any part in this union? We have not yet claimed our place, but the opportunity, I believe, is waiting, and in the near future we may be able to see that the Nurses' Settlement can have no better foster-mother than the Guild of St. Barnabas for Nurses.

What is a "settlement"? It has no dictionary definition in the sense in which we are now considering it, but its vital meaning has engaged the thought of the best thinkers of our day. A simple definition is—a settlement is a home where fortunate men or women live for the purpose of sharing their possessions with the less fortunate ones. They must be filled with the sympathy that can come only from knowledge. They must know by experience discouraging environments. To ameliorate hard conditions and lighten the burden of existence is the *raison d'être* for a settlement.

In London the first settlement, Toynbee Hall, is but a bit of Oxford, its learning, its culture, its broadening and inspiring influences, transplanted in the dreary, monotonous waste of East London. In our own country the city settlements but repeat the same ideas, the sharing of collegiate gifts with those to whom the pleasures of university life are unknown.

In our colleges for women undergraduates have organized branches of the general College Settlements' Association, where money is raised and interest in sociological subjects aroused. Year by year training-schools for nurses receive more and more their due recognition as purely educational institutions, and their *alumnæ* exert an increasing influence in raising and maintaining a professional standard. Various and valuable are the lines of *alumnæ* work; already the lead taken by college women from their collegiate homes in developing the settlement idea is being followed by the *alumnæ* of training-schools in adopting the same idea to nurses' settlements.

If the settlement stands for the sharing of the fortunate with the less fortunate, who has more valuable gifts to share than the well-trained nurse? The need for her services in the homes of the poor is

perfectly evident; the difficulty of supplying skilled nursing is also great. Can a nurses' settlement aid in the solution? If it is the home of friendly as well as professional neighbors, it surely will. If it is a home of peace, happiness, and cultivation, it will be a place where the district nurse finds the sympathy and inspirations she herself needs to fulfil the ideals of her so often discouraging and difficult work.

A proof that a nurses' settlement is no ideal illusion can be easily found by turning to the Nurses' Settlement on Henry Street, New York, which among settlements pure and simple ranks as one of the most valuable.

Under the most favorable conditions a nurses' settlement may be entirely self-supporting, but it is very desirable that it should have substantial financial and social backing. This support, it seems to me, can fittingly and effectively be given by the guild. A guild settlement would be common ground where active members and associates, medical associates, and priests associate could meet, each finding there work to be done, and in doing it would surely come a quickening of the guild spirit, and perhaps we all might there find the opportunity of living more truly the life we profess.

Here could associates and priests associate add materially to the social and intellectual life of the house. Nurses in particular need the relaxation which would come in this way. Here too the medical associate can bring his tribute; his professional interest in the work would be invaluable and talks on medical subjects most welcome.

Important and inspiring as might be the influences of outside interest, the vital source of success will come from within. The *real* work must be done by residents themselves, and residents need salaries. The guild at large might raise or give these salaries.

Valuable supplementary visiting work may be done by nurses who lodge at the settlement and seek an opportunity for philanthropic work between cases.

In conclusion, I would offer a few practical suggestions which may stimulate thought among those branches seeking altruistic work. In establishing a guild settlement the first step should be to obtain a knowledge of settlement principles and an intelligent idea of the aspirations and accomplishments of other settlements.

A valuable handbook full of practical information is a little, inexpensive work called "Social Settlements," by C. R. Henderson. This little book, by the way, has entirely ignored the Nurses' Settlement. It was published in 1899, before Miss Wald's work had reached its present reputation. I would particularly emphasize the importance of thoughtful study of the settlement question before presuming to assume a name which stands for so much. Taking for granted, therefore, that

a number of intelligent people desire to undertake this work, the next step would be the choice of a head worker, and on this hangs success or failure. She must be a woman of culture, intelligence, of executive ability, and above all must be imbued with enthusiasm for the work itself. She must believe that the development of visiting nursing is a work well worth the doing for the inestimable good it carries to others. This aspiration must be the ruling influence of her life, preceding all personal ambition if she would become the ideal head worker of a nurses' settlement. If the salaries of the workers can be obtained through the combined efforts of the branch, aided perhaps by churches or societies, the running expenses of the house should be met through the income. The rent, fuel, and lighting can come from sub-letting rooms, and the table and incidental expenses can easily be more than met by means of the fees collected. Visiting nursing should not be confined to district work alone. Those able and willing to pay full graduate prices very often are thankful for the hourly service, which well pays, and the middle class of people of moderate incomes gladly pay the hourly fee, and receive the care which otherwise they would be obliged to lose. Even the poor can and wish to pay something. An occasional private patient might also be taken in the house. In these and many other ways depending on the character of the house, under good business management, a fair income will be assured, quite sufficient for household expenses.

This is no Utopian ideal to be suggested only by a visionary enthusiast. Just as surely as there are about us thousands of suffering men, women, and little children crying for help, or often for the possibility of helping themselves, unable or perhaps unwilling to enter the hospital wards, just so surely can help go to them, help and sympathy over the hard places, courage to pass through physical suffering to health and renewed strength for life's struggle, or, it may be, help to bravely lay down this life's burden and hope for the life that is approaching. This is the opportunity, and I appeal to you, can any work be a more perfect example of the guild spirit?

The guild branches may give the opportunity for this visiting work, salaries may be raised, a beautiful house provided, intellectual privileges may pour in from outside, but once more I would affirm that the real development of this work must come through the strenuous, self-denying efforts of nurses themselves.

You nurses are claiming that your work is professional. It rests with you and you alone to prove the assertion. To the professional man or woman a diploma is by no means an end to be gained, it is but the instrument which opens the way to renewed work, study, and research. It is so in your profession; the nurse who is satisfied with the attainments measured by a school diploma can never take rank with

professional women. Progress must be her watchword. To-day in the civic world influential positions are opening to the progressive nurse. She must be prepared for them or they will quickly pass to others. The importance of post-graduate work cannot be exaggerated if nursing is to become a profession.

This plea which I have so imperfectly made for visiting nursing developed from a nurses' settlement is for one branch of graduate work. It can be developed almost without limit, but only after effort and exertion. The nurse must first of all be equipped with a thorough hospital training; this must be supplemented by knowledge of the various social and physical conditions of the homes she is to enter. The greater her knowledge of the arts and sciences which go to the making of comfortable, happy, and healthful existences, the more will she have to carry to brighten homes where these conditions are lacking. This knowledge cannot be acquired hastily. Women in other professions are willing to sacrifice time, strength, and money in reaching a full equipment for professional work. It remains to be seen if the nurse is willing to plod by the side of her professional sisters in progressive work. She must not expect to step from the wards of her hospital to positions of responsibility; there is a middle way to be trod, one of work and study, and on this way the guild may hold out a helping hand.

HYGIENE OF THE HOUSEHOLD

By EVELLEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 275)

It is well to be beforehand in the important questions of life, and as we have been discussing the arrangement and care of the patient's room, we will now give a little thought to the preparation required in a room that is to be used for a surgical operation.

Emergencies may arise in every home that call for surgical aid, and when—as frequently happens—to save life an operation has to be performed with the utmost speed, it is of the first importance to have some rules for the preparation required that may be put into practice without delay.

Every surgeon has his own method of procedure and gives directions as to what will be necessary, according to the character of the operation; but there are some general arrangements that apply to every case, and which may easily be carried out by the trained nurse or (when there is a delay in procuring a nurse) by some members of the family